

# Health Department, City of Baltimore.

Permit No. 98692 Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 18<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } unknown

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age,        Years,        Months, One Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,       

Birth Place, { State or country, and how long in the United States, if of foreign birth. } unknown

Duration of Residence in the City of Baltimore,       

Place of Death, { Give Street and Number. } Found dead on Steps of Col. Ophan's Asylum Bridge St

Cause of Death, { First (Primary) Second (Immediate) } Exposure to cold weather

Duration of Last Sickness,       

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, March 18/87

{ Undertaker, Geo. E. Brown } L. L. Sparrow M. D.

Medical Attendant.

{ Place of Business, Health Office } Address, Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 98693 Office of Registrar of Vital Statistics. Ward 9<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 18 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edna Lee

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 66 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, C

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Cook

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 19 Franklin  
Franklin St

Cause of Death, { First (Primary), Second (Immediate), } asthma

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St

Date of Burial, Mch 20<sup>th</sup> 1887

Undertaker, Alex Hensley M. D.

Medical Attendant.

Place of Business, 361 Orchard Address, 19 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



# Health Department, City of Baltimore.

Permit No. 98694 Office of Registrar of Vital Statistics.

Ward 14<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or, never, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Mar 19 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Milton Biggs

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 Years, 7 Months, 27 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, \_\_\_\_\_

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1710 W Lombard

Cause of Death, {First (Primary),} Scarlet Fever  
{Second (Immediate),} asthenia

Duration of Last Sickness, 22 days

All the above information furnished by \_\_\_\_\_ Physician.

Place of \_\_\_\_\_

Date of Burial, March 20-87

Undertaker, Samy & Mitchell Ira Gay M. D.  
Medical attendant.

Place of Business, 350 W Fayette St Address, 1419 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



Health Department, City of Baltimore.

Permit No. 98695

Office of Registrar of Vital Statistics.

Ward 6

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
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CERTIFICATE OF DEATH.

Date of Death, March, 17<sup>th</sup> 1887, 10, 25 P.M.  
Full Name of Deceased, William son of Annie Dixon  
Sex, Male or Female, Male  
Age, 16 Years, 3 Months, 17 Days.  
Color, 2d

Married, Single, Widow or Widower, Single  
Occupation, Teamster

Birth Place, Baltimore  
Duration of Residence in the City of Baltimore, During Life  
Place of Death, 503 E Eden St

Cause of Death, Cold, from getting wet, last winter  
First (Primary), Phthisis Pulmonalis  
Second (Immediate),  
Duration of Last Sickness, Three Months

Place of Burial, Laurel Cemetery

Date of Burial, Mar. 20 1887

Undertaker, Charles S Butler

Place of Business, 510 N. Eardley

Address, 1102 E Baltimore St  
M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Health Department, City of Baltimore.

Permit No. 98696

Office of Registrar of Vital Statistics.

Ward 62

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, March 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Dates

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 Years, 3/4 Months, Days.

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 2008 Bohemian Ct Bohemian

Cause of Death, {First (Primary), Second (Immediate),} Dysentery Heart Failure

Duration of Last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 20 1887

Undertaker, Charles S. Butler

Place of Business, 510 N. Gardiner St

William T. Cathell M. D. Medical Attendant.

Address, 2 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Health Department, City of Baltimore.

Permit No. 98697 Office of Registrar of Vital Statistics. Ward 13<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19. 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alec B. Davis

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, Months, 6 weeks

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, U

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All life -

Place of Death, { Give Street and Number. } 5 S Poppleton St.

Cause of Death, { First (Primary), Second (Immediate), } Capillary Bronchitis

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Co

Date of Burial, Mar 20/87

{ Undertaker, J. B. Cook } W. F. A. Kemp M.D. Medical Attendant.

{ Place of Business, 1003 E. Baltimore } Address, 55 N Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



# Health Department, City of Baltimore.

Permit No.

98698

Office of Registrar of Vital Statistics.

Ward

2<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

March 19th, 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Elizabeth Lorenz

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Age,

48 Years,

Months,

Days.

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

Cross out the words not required in this line.

Occupation,

Birth Place,

State or country, and how long in the United States, if of foreign birth.

Germany

Duration of Residence in the City of Baltimore,

40 years

Place of Death,

Give Street and Number.

# 1505 Alice Anna St

Cause of Death,

First (Primary),

Second (Immediate),

Dysentery  
one week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cem.

Date of Burial,

March 21<sup>st</sup> 1887

Undertaker,

H. Sander & Son

John H. Rehberger

M. D.

Medical Attendant.

Place of Business,

Canton Ave.

Address,

# 1709 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 98699

Office of Registrar of Vital Statistics.

Ward 2<sup>nd</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 19<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nicholas Frederick Reiss

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — Years, 2 Months, 7 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1905 Canton Avenue

Cause of Death, { First (Primary), Second (Immediate), } Gen. Debility, &c.

Duration of Last Sickness, Feeble from birth

All the above information should be furnished by the Physician.

Place of Burial, Net Carmel Cem.

Date of Burial, March 21<sup>st</sup> 1887

{ Undertaker, H. Sander & Son

{ Place of Business, Canton Ave. Address, 7 W. Broadway

Medical Attendant, J. M. C. Mather M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. *98700*

Office of Registrar of Vital Statistics.

Ward *2*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, on pain, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *18th March 1887*

Full Name of Deceased, *Line Tacka*

Sex, *Male* or *Female*, *Male*

Age, *2* Years, *1* Months, *0* Days.

Color, *White*

Married, Single, Widow or Widower, *Single*

Occupation, *None*

Birth Place, *Baltimore City*

Duration of Residence in the City of Baltimore, *During lifetime*

Place of Death, *A. Bond Street 233*

Cause of Death, *Hydrops Acute*

Duration of Last Sickness, *3 months*

All the above information should be furnished by the Physician.

Place of Burial, *St. Alphonsus Church*

Date of Burial, *March 20 87*

Undertaker, *Felix Brischowsky* *William Kendall* M. D.

Place of Business, *1732 N. E. Ave.* Address, *L. Wolfson 318*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.



# Health Department, City of Baltimore.

Permit No. 98701

Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 19th, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Vincent Koshmarek

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Years, 1 Months, 1 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Since Birth

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. } 1731 Lancaster St

Cause of Death, { First (Primary), Second (Immediate), } Trismus darsentium

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Church

Date of Burial, March 20 87

Undertaker, Peter Brookhouser John H. Rehberger M. D.

Medical Attendant.

Place of Business, 1732 Alameda Address, 1709 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]